



McHenry County

P-12 Interim School Guidance

1/18/2022, Interim Guidance
Subject to Change

This guidance applies to all public and nonpublic schools that serve students in pre-kindergarten through grade 12 (P-12). The below guidance is subject to change based on updated guidance from CDC or IDPH and changes in county level transmission of COVID-19.

Besides a child's home, no other setting has more impact on a child's health and wellbeing than their school. With in-person education required for the 2021-2022 school year, the expectation is that schools are safe for the students' and staff's return. The McHenry County Department of Health (MCDH) is committed to bringing children back to school safely.

While public health officials provide guidance on evidence-based prevention strategies to reduce the risk of transmission, school officials hold the ultimate authority and discretion to develop policies to return to school safely.

As stated in [Executive Order Number 2021-18 \(COVID-19 EXECUTIVE ORDER NO. 85\)](#) filed August 4, 2021, all public and nonpublic schools in Illinois serving pre-kindergarten through 12th grade (PK-12) students must follow the [joint guidance](#) issued by Illinois State Board of Education (ISBE) and Illinois Department of Public Health (IDPH) and take proactive measures to ensure the safety of students, staff, and visitors, including, but not limited to:

- a. Requiring the indoor use of face coverings by students, staff, and visitors who are over age two and able to medically tolerate a face covering, regardless of vaccination status, consistent with [Centers for Disease Control \(CDC\) guidance](#); and,
- b. Implementing other layered prevention strategies (such as physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing in combination with appropriate quarantine and isolation, and cleaning and disinfection) to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with [CDC guidance](#).

MCDH has adopted the [joint guidance](#) from ISBE and IDPH. Please find additional clarification from MCDH below regarding select sections of the school guidance:

Diagnostic and Confirmatory Testing

- MCDH will accept RT-PCR, rapid molecular (i.e., rapid PCR), and antigen test results. MCDH will not accept antibody test results. MCDH will not release a probable case from quarantine based on the results of an antibody test.
- For a symptomatic individual to be considered negative for COVID-19 [symptoms of COVID-19 include fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body aches from unknown cause], MCDH requires a negative laboratory-based confirmatory SARS-CoV-2 NAAT (e.g., RT-PCR) test result **only if** the staff/student is a close contact to a confirmed case or the school is experiencing an outbreak (a rapid molecular or antigen test is still beneficial in

these scenarios to more quickly determine if the symptomatic individual is positive for COVID-19). In other situations, a negative rapid molecular or antigen test is acceptable.

- The SHIELD Illinois saliva test is a highly reliable laboratory-based NAAT and does not require an additional confirmatory test when used as a primary diagnostic test. For the confirmation of a rapid molecular or antigen test, CDC recommends collecting and testing an upper respiratory specimen, such as nasopharyngeal, nasal mid-turbinate, or anterior nasal, when using NAATs for confirmatory testing (the SHIELD Illinois saliva test should not be used to confirm a rapid molecular or antigen test).
- At this time, individuals cannot test out of isolation. If an individual has tested positive via a diagnostic test, they should isolate from others even if they have received a negative test result on other tests.

Self-Tests (i.e., Home Tests)

- Self-tests (i.e., home tests) refer to tests with self-collection methods that are **not** performed at a site with CLIA certification. COVID-19 tests performed by CLIA certified test sites that use self-collection methods are considered diagnostic tests.
- As stated question 43 of the [IDPH COVID-19 School Guidance FAQ](#), home tests are not acceptable for ruling out COVID-19 in a symptomatic individual. However, students and staff who test positive for COVID-19 via a home test must be excluded from school and contact tracing should be performed as per “Situation #1” in the [Public Health Interim Guidance for Local Health Departments and Pre-K-12 Schools - COVID-19 Exclusion Protocols](#).
- At this time, individuals cannot test out of isolation. If an individual has tested positive via a home test, they should isolate from others even if they have received a negative test result on other tests.
- As stated in the [joint guidance](#), an individual identified as a close contact who has tested positive for COVID-19 in the past 90 days from date of exposure does not require exclusion. Due to the difficulty in tracking results of home tests, a close contact who has tested positive solely via a home test in the past 90 days (and does not meet other criteria that would allow them to not be excluded) must be excluded as a close contact unless:
 - A) The school has collected a statement from the student’s legal guardian (or staff member) attesting that the student (or staff member) tested positive via a home test. The statement should include the name of the individual who tested positive, the date of birth of the individual who tested positive, the type of test, the brand of the test, the lot number of the test, the expiration date of the test, the date of the test, the name and signature of the student’s legal guardian (or the name and signature of the staff member), and the name and signature of the person who collected the test if different from the student’s legal guardian (or staff member); or
 - B) The home test was performed in front of the school nurse either in person or via a videoconference and documented by the school nurse.
- MCDH encourages the use of diagnostic tests for the screening of asymptomatic school personnel. As per questions 32-34 in the [IDPH COVID-19 School Guidance FAQ](#), a school can choose to accept home tests for the screening of asymptomatic school personnel for COVID-19 to meet the requirements of [Executive Order 2021-22 \(COVID-](#)

[19 EXECUTIVE ORDER NO. 88](#)); however, the school must require that the home test be performed in front of the school nurse either in person or via a videoconference and documented by the school nurse. Additionally, the school must have a policy in place for the proper exclusion of school personnel identified as positive via a home test.

Case and Outbreak Reporting to MCDH

- Under the IL Administrative Code Control, Section 690.200, schools are required to report all confirmed and suspect COVID-19 cases in a timely manner utilizing the electronic link provided to school liaisons ([School Surveillance REDCap](#)).
 - Schools must report individuals who test positive via diagnostic tests and home tests.
 - If included as part of a potential outbreak, schools must report probable cases that are identified via epi-linkage to a confirmed or probable case.

Contact Tracing

- When contact tracing on the school bus, contacts within 3 to 6 feet of an infected student do not require exclusion if: 1) both the case and contact were consistently masked, 2) a seating chart was in use, and 3) windows were opened (a one-inch window opening in the middle two windows and the two windows in the last row of seats on the bus) or HEPA filters were in use.
- MCDH will make the final determination on who is to be isolated or quarantined and for how long. As per the [joint guidance](#), a Test to Stay (TTS) strategy is allowable for close contacts following an exposure occurring in the school setting that occurred during the school day (excludes extracurricular activities). MCDH may determine that a close contact is not a candidate for TTS or 5-day quarantine due to a high-risk exposure (e.g., sustained close contact without masking, outbreaks, etc.). MCDH may remove use of TTS or 5-day quarantine if it is determined that compliance with the pre-requisites (e.g., appropriate masking) is not occurring or not possible for the school. MCDH may remove use of TTS or 5-day quarantine from schools based on level of community transmission.

Guidelines for Determining Level of Community Transmission

CDC's [Guidance for COVID Prevention in K-12 Schools](#) and the ISBE and IDPH [joint guidance](#) refer to "community transmission levels" throughout the guidance documents. The level of community transmission (i.e., low, moderate, substantial, or high) for McHenry County is based on incidence rate and test positivity as summarized in the table below. If the two indicators suggest different transmission levels, the higher level is selected:

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Incidence Rate	0-9.99	10-49.99	50-99.99	≥100
Test Positivity	0-4.9%	5-7.9%	8-9.9%	≥10.0%

Incidence Rate

To best capture the community spread of COVID-19, incidence rate will be evaluated using the following methods and considerations:

Calculation

This metric is calculated by dividing the total number of new cases in the past 7 days by the total county population, then multiplying it by 100,000. This measure uses the 2015-2019 American Community Survey estimate of population (307,714). New cases are reported by lab report date. Incidence rate will be reported daily. This measure will be reported with a five-day lag.

Evaluation

Incidence rate is considered to have met the criteria for the lower level of community transmission (high → substantial → moderate → low) when it has met the threshold for at least 7 consecutive days. The metric is considered to have met the criteria for the higher level of community transmission (low → moderate → substantial → high) when it has met the threshold for at least 7 of the last 10 days.

Test Positivity

To best capture the community spread of COVID-19, test positivity will be evaluated using the following methods and considerations:

Calculation

This metric is calculated by dividing the total number of positive tests for the last 7 days by the total tests performed in the last 7 days, multiplied by 100 and rounded to the nearest decimal place. Tests are reported by lab report date. Test positivity will be reported daily. To remain consistent with IDPH, this measure will be reported with a three-day lag.

Evaluation

Test positivity is considered to have met the criteria for the lower level of community transmission (high → substantial → moderate → low) when it has met the threshold for at least 7 consecutive days. The metric is considered to have met the criteria for the higher level of community transmission (low → moderate → substantial → high) when it has met the threshold for at least 7 of the last 10 days.

Additional Considerations and Expectations

In addition to reviewing the [joint guidance](#), MCDH strongly recommends school officials review the [IDPH COVID-19 School Guidance FAQ](#) for clarification of the required joint ISBE and IDPH guidance. School officials should also review:

- [Executive Order Number 18 \(COVID-19 EXECUTIVE ORDER NO. 85\)](#)
- [Executive Order 2021-22 \(COVID-19 EXECUTIVE ORDER NO. 88\)](#)
- [FAQ on Face Covering and Vaccination Requirements](#)
- [Executive Order 2022-03 \(COVID-19 EXECUTIVE ORDER NO. 98\)](#)
- [Public Health Interim Guidance for Local Health Departments and Pre-K-12 Schools - COVID-19 Exclusion Protocols](#)
- [Interim Guidance on Testing for COVID-19 in Community Settings and Schools](#)
- [IDPH Interim Music Guidance](#)

- [IDPH and ISBE All Sports Policy](#)
- [Sports Safety Guidance FAQs](#)
- [Science Brief: SARS-CoV-2 and Surface \(Fomite\) Transmission for Indoor Community Environments](#)
- [Cleaning and Disinfecting Your Facility](#)

MCDH does not set local guidance for travel restriction, such as quarantine guidance after returning from travel. Schools wishing to implement such policies can reference CDC's recommendations for [domestic](#) and [international](#) travel.

In addition to the above metrics, schools are advised to monitor additional metrics such as the percent increase in the number of cases per week, the percent increase in the number of youth cases per week, county vaccination rate, school vaccination rate, school case rate. Schools should also consider other relevant epidemiological factors (e.g., rapid increase in cases, outbreaks, significant shifts in demographics of cases, etc.) and local factors (capacity/infrastructure of school district to implement prevention strategies) to inform decision-making.

- **Percent increase in the number of cases per week** is calculated by measuring the change from week to week (for 2 consecutive weeks) of the total count of new cases reported during the 7 days of the week (Sun – Sat). New cases are counted by lab report date. This metric is considered stable/decreasing when the percent increase is $\leq 10\%$ for two consecutive weeks (for each week). It is considered increasing when the percent increase is $> 10\%$ for two consecutive weeks (for each week). This metric is considered fluctuating when the percent increase for one week is $\leq 10\%$ and for the other week is $> 10\%$ over a consecutive two-week period.
- **Percent increase in the number of youth cases per week** is calculated by measuring the change from week to week (for 2 consecutive weeks) of the total count of new cases reported amount youths (ages 3-18) during the seven days of the week (Sun – Sat). New cases are counted by lab report date. This metric is considered stable/decreasing when the percent increase is $\leq 10\%$ for two consecutive weeks (for each week). It is considered increasing when the percent increase is $> 10\%$ for two consecutive weeks (for each week). This metric is considered fluctuating when the percent increase for one week is $\leq 10\%$ and for the other week is $> 10\%$ over a consecutive two-week period.
- **School vaccination rate** should include students, teachers and staff and should be calculated for each building separately. It is calculated as the total number of vaccinated students, teachers and staff divided by the total number of students, teachers, and staff in attendance at the building.
- **School case rate** should include students, teachers and staff and should be calculated for each building separately. It is calculated as the total number of cases among students, teachers and staff divided by the total number of students, teachers, and staff in attendance at the building.

If school officials decide to remove any of the prevention strategies for their school based on local conditions, they should remove them one at a time and monitor closely (with adequate testing through the school and/or community) for any increases in COVID-19 cases. School officials should consider the level of transmission in the community; vaccination coverage among teachers, staff, and students; as well as if the school currently has a screening testing program in place. Schools should make these decisions in consultation with MCDH.

Every school is expected to have an Emergency Operations Plan (EOP) to protect students, teachers, staff, and families from the spread of COVID-19 and other emergencies. What should be included in the EOP and tools and resources can be found in the CDC's [Guidance for COVID Prevention for K-12 Schools, Appendix 1: Planning and Preparing](#).

MCDH expects that each school identify a liaison and a back-up liaison to provide efficient communication between the schools and MCDH. Schools must complete the [School Liaison Survey](#) to notify MCDH of these individuals. An [EOP Submission Form](#) must be completed for each school regarding specific information from their EOP so that MCDH understands the prevention strategies each school is using. MCDH will not be approving or endorsing any EOP; this survey is strictly for information to provide efficient guidance as prevention strategies are expected to evolve. Each school is expected to keep their liaison and EOP changes updated throughout the school year using the above electronic forms.

MCDH asks that each school complete weekly school absenteeism surveillance through the [School Absenteeism Surveillance REDCap](#) (choose "School Absenteeism Surveillance" under "Surveillance System Selection"). School absenteeism surveillance involves the tracking of absences due to COVID-19-like illness (CLI), influenza-like illness (ILI), gastrointestinal illness, and total absences. Our Epidemiology Program and Communicable Disease staff monitor this information to determine the spread of COVID-19 and influenza in our county and identify acute gastro enteritis (AGE) outbreaks in schools. We ask that this form be submitted every Monday at 3 pm for the previous week's absenteeism data.